

 Washington State Department of Early Learning		Child care center/ school-age center file review checklist						
<input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Renewal <input type="checkbox"/> Change of ownership		Application date		DEL Office		Licensor's name		
Name		Telephone #		E-mail		License ID #		
SSPS provider #	Capacity	Age range from through				Expiration Date		
License fees current <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of background checks submitted with application						
Staff qualifications								
Staff person	Photo ID	SSN/EIN	Transcripts	Resume	Three references	Criminal history	S.T.A.R.S.	
							20 hr	10 hr
Center owner or school-age director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center director or school-age site director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program supervisor	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Documentation								
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Verification of EIN (if owned by a corporation) <input type="checkbox"/> Floor plan (evacuation) <input type="checkbox"/> Parent policies <input type="checkbox"/> Health policies <input type="checkbox"/> Request for health survey <input type="checkbox"/> Proof of liability insurance <input type="checkbox"/> Transportation insurance (if applicable) <input type="checkbox"/> Completed FLCA <input type="checkbox"/> All facility complaints closed </div> <div style="width: 50%;"> <input type="checkbox"/> All SER's completed <input type="checkbox"/> Articles of incorporation (if applicable) <input type="checkbox"/> Water quality approval, if required; date: <input type="checkbox"/> Sewage system approval, if required; date: <input type="checkbox"/> Request for fire inspection <input type="checkbox"/> Fire inspection report/approval <input type="checkbox"/> Certificate of occupancy <input type="checkbox"/> Waiver <input type="checkbox"/> No <input type="checkbox"/> Yes expiration date: </div> </div>								
File certification								
Comments								
Licensor's signature						Date		
Comments								
Supervisor's signature						Date		